

Clubs & Societies

Risk Assessment Form

Please send completed forms to [clubs@qub.ac.uk](mailto:clubs@qub.ac.uk) (sporting clubs),

or [societies@qub.ac.uk](mailto:societies@qub.ac.uk) (societies).

**Details of Club / Society**

|  |  |  |  |
| --- | --- | --- | --- |
| Club or Society Name |  | Date of Risk Assessment |  |
| Your name and role within the Club or Society |  | Date of Event / Activity |  |

**Details of Activity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event / activity being assessed, including:   * Date * Time * Venue * Location * Attendees expected * Description of activity involved |  | **Is this event / activity…** | **Yes** | **No** |
| Open to the public at all? |  |  |
| Taking place on campus? |  |  |
| Open to ticket-holders only? |  |  |
| A charitable fundraiser? |  |  |

**Step 1 – Identify potential hazards**

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| **How could people get hurt or become ill?** Use this checklist and add other hazards specific unique to your event / activity if necessary. Consider all of the people who will be present, e.g. committee members, attendees, contractors, people with limited mobility, people with special requirements etc. |

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| **Hazards Checklist –** Put an **X** beside any that apply to your event / activity | | | | | | | | | |
| Access and egress |  | Diversity of languages / language barriers |  | Lifting equipment |  | Provocative or politically sensitive content |  | Vehicle / boat / car handling |  |
| Alcohol consumption |  | Electricity (inc. portable appliances) |  | Lighting equipment |  | Radiation / radioactive material |  | Violence and threatening behaviour |  |
| Animals |  | Exhaustion |  | Lone working |  | Slipping, tripping, and falling |  | Vulnerable individuals (e.g. pregnant people, people with disabilities) |  |
| Asbestos |  | Falling objects |  | Lost individuals |  | Storage (e.g. racks, shelves, cabinets) |  | Water environment (e.g. surfing, watersports, swimming) |  |
| Audience control |  | Fire |  | Machinery |  | Stress |  | Weather |  |
| Compressed gas / cryogenics |  | Flammable materials |  | Manual handling |  | Substances hazardous to health (CoSHH) |  |  |  |
| Confined spaces |  | Food hygiene |  | Noise exposure |  | Sunburn |  |  |  |
| Construction work |  | Hand tools |  | Phobias |  | Temperature |  |  |  |
| Contact sports / physically intense activity |  | Heights (inc. ladders, stages, scaffolding) |  | Presence of children (anyone aged under 18) |  | Time of activity (e.g. daytime, nighttime, antisocial hours) |  |  |  |
| Dehydration |  | Hot liquids / water / oils |  | Pressure systems |  | Unauthorised attendees ("gatecrashers") |  |  |  |
| Display screen equipment |  | Hot surfaces |  | Protesters |  | Unfamiliarity with the activity |  |  |  |

**Step 2 – Manage potential risk**

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| **Complete the table below** to outline what you will do to minimise the risks associated with the hazards ticked in Step 1. **Make sure to discuss every hazard** you ticked. |

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| **Activity**  What are you doing? | **Hazards**  What hazard(s) did you take in Step 1? | **Control Measure**  How are you going to minimise the risk associated with the hazard(s)? | **Severity and Likelihood Score**  *See guide below*. For example, if the Severity is Minor and the Likelhood is Possible, the score is 4. | **Risk Rating**  *See guide below*. For example, if you entered 4 for Severity and Likelihood, the Risk Rating is Medium | **Accountable/Date**  Who is accountable for the control measures, and what date will these be carried out? |
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**Risk Rating Guide**

**Severity and Likelihood Guide**

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| --- | --- | --- | --- | --- |
| Severity | Likelihood | | | |
| Unlikely | Possible | Likely | Very Likely |
| Very Minor | 1 | 2 | 3 | 4 |
| Minor | 2 | 4 | 6 | 8 |
| Significant | 3 | 6 | 9 | 12 |
| Major | 4 | 8 | 12 | 16 |

|  |  |
| --- | --- |
| Risk Rating | |
| Score | Risk Level |
| 1-2 | Low |
| 3-6 | Medium |
| 8-9 | High |
| 12-16 | Very High |

**Please tick to confirm that relevant insurance is in place for the proposed activity**

**Step 3 – Declare that you are satisfied with the risk levels of the event / activity, and that all members of your Club/Society who are involved will undertake the control measures outlined above.**

**To be completed by at least one Club/Society executive committee member**

I am satisfied that the risk(s) identified are acceptable and that the control measures outlined above are adequate.

I have read and understood the information contained in this risk assessment and I agree to adopt the control measures and precautions as stated above.

I will ensure that all members of my Club/Society involved in this event / activity have read and understood this Risk Assessment.

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| **Name** | **Role within Club/Society** | **QUB Email** | **Date** |
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**For office use only:**

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| I am satisfied that the below protocols have been adhered to in the  completion of this risk assessment: | Risk Assessment form completed  Offsite Travel Form completed  (if necessary)  Mystery Tour Offsite Form completed  (if necessary) |

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| Received by QUBSU Clubs and Societies Staff Member: |  | Date |  |
| Assessment No. |